Date: December 9, 2005

## FACSIMILE TRANSMISSION

The information contained in this transmission is privileged and confidential. It is intended only for the use of the individual or entity named below. If the reader of this message is not the intended recipient or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited.

If you have received this communication in error, please notify Gen-Probe immediately by telephone and return the original message to us at the below-indicated address via regular U.S. mail. Thank you.

| FROM<br>Numbe                | Charles B. Cappellari Gen-Probe Incorporated 10210 Genetic Center Drive San Diego, California 92121 Phone No. (858) 410-8927 Facsimile No. (858) 410-8928 or of pages (including this cover page): |   | <u>TO</u> :                   | Commissioner for Patents  U.S. Patent & Trademark Office  Facsimile No. (571) 273-8300  RECEIVED  CENTRAL FAX CE |  |  |  |  |  |
|------------------------------|--|---|-------------------------------|--|--|--|--|--|--|
| In re Patent Application of: |  |   | Group Art Unit: 1631          |  |  |  |  |  |  |
| HOGA                         | N et al.   | )   | Examiner: Marschel, A.        |  |  |  |  |  |  |
| Serial J                     | No. 08/454,529   | į   | Atty. Docket No. GP004-16.DV4 |  |  |  |  |  |  |
| Filed:                       | May 30, 1995   | )   | Confu                         | Confirmation No. 7594  |  |  |  |  |  |
| Title:                       | METHODS FOR DETERMINING<br>THE PRESENCE OF NON-VIRAL<br>ORGANISMS IN A SAMPLE  | )<br>)<br>)                                       | Date: December 9, 2005        |  |  |  |  |  |  |
| Transr                       | nitted herewith are the following:   |   |                               |  |  |  |  |  |  |
|                              | 1) Second Submission Under 37 C  | .F.R. § 1   | l.129(a) (i                   | 34 pp.);   |  |  |  |  |  |
|                              | 2) PTO/SB/22 (1 pg. in duplicate -   | PTO/SB/22 (1 pg. in duplicate - 2 pp. total); and |                               |  |  |  |  |  |  |
|                              | 3) PTO/SB/17 (1 pg. in duplicate -   | 2 pp. ιο  | otal).                        | ·  |  |  |  |  |  |
|                              | CEDWIEIC   | ATE OF  | TRANS                         | MISSION  |  |  |  |  |  |

Charles B. Cappellari Registration No. 40,937 PTO/SB/17 (12-04v2)
Approved for use through 07/31/2006, OMB 0651-0032
U.S. Palent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
o a collection of information unless it displays a valid OMB control number

| Under the Pananyo            | rk Regulation Act of 1880                        | по сменови нен першен         | III DOMENNIN III II 7 M |                                      |                    |                          |                              |  |
|------------------------------|--|-------------------------------|-------------------------|--------------------------------------|--------------------|--------------------------|------------------------------|--|
| Enne auswant to the          | Effective on 12/08/20<br>Consolidated Appropriat | 04.<br>Jone Act 2005 (H R 491 | <sub>θ).</sub>          |                                      | omplete i          |                          |                              |  |
|                              |  |                               | Applica                 |                                      | 8/454.529          |                          |                              |  |
|                              | TRANS  |                               |                         |                                      | <u>vlay 30, 19</u> |                          | <del>- A</del> E             |  |
|                              | For FY 20  | <b>J</b> 05                   |                         |                                      | HOGAN et           |                          | CENTRA                       |  |
| Applicant stai               | ims small entity status.                         | See 37 CFR 1 27               | Examin                  | er Name   [                          | Marschel,          | <u> </u>                 |                              |  |
|                              |  |                               | <u> </u>                | Art Unit 163                         |                    |                          |                              |  |
| TOTAL AMOUNT                 | OF PAYMENT (\$)                                  | 450.00                        | Attorne                 | y Dacket No. C                       | 3P004-16.          | DV4                      |                              |  |
| METHOD OF P                  | AYMENT (check all                                | that apply)                   | 1                       |                                      |                    |                          |                              |  |
| Check                        | Credit Card N                                    | Ioney Order                   | None 🔲                  | Other (please ider                   | ntify):            |                          |                              |  |
| Deposit Acc                  | COUNT Deposit Account                            | Number: 07-0835               |                         | Seposit Account Nar                  | met Ge <u>n-</u> F | <u>robe Incor</u>        | porated                      |  |
|                              | ove-identified deposit a                         |                               | hereby auth             | orlzed to: (check :                  | all that appl      | y)                       |                              |  |
| <b>✓</b> Cha                 | rge fee(s) indicated be                          | low                           |                         | Charge féé(é) l                      | indicated be       | low, except f            | or the filing fee            |  |
|                              | rge any additional fee(                          |                               | of fee(s)               | Credit any ove                       | rpayments          |                          |                              |  |
| WARNING: Informat            | er 37 CFR 1.16 and 1.<br>Ion on this form may be | 17<br>come pubilc. Credit car | ے<br>rolisemation ک     |                                      |                    | form. Provide            | credit card                  |  |
| information and aut          | horization on PTO-2038.                          |                               |                         |                                      |                    |                          |                              |  |
| FEE CALCULA                  |  |                               |                         |                                      |                    | <del></del>              |                              |  |
| 1. BASIC FILIN               | G, SEARCH, AND F                                 |                               | ES<br>EARCH FEE         | CYAL                                 | NOITANI            | FEFS                     |                              |  |
|                              | FILING F   | mall Entity                   | <u>Small</u>            | Entity _                             | <u>Small E</u>     | intity                   | Fees Paid (\$)               |  |
| Application T                | <u>ype Foo (\$)</u>                              | Fee (\$) Fe                   | e (\$) Fee              | (\$) Fee                             |                    | 32.7                     | ruus raio (3)                |  |
| Utility                      | 300  |                               | 00 250                  |                                      |                    | _                        |                              |  |
| Design                       | 200  |                               | 00 50                   |                                      |                    |                          |                              |  |
| Plant                        | 200  |                               | 00 15                   |                                      |                    |                          |                              |  |
| Reissue                      | 300  | 150 5                         | 00 25                   | 5 600                                | 300                | _                        |                              |  |
| <b>Provisional</b>           | 200  | 100                           | 0                       | 0 0                                  | ) 0                |                          |                              |  |
| 2. EXCESS CL                 |  |                               |                         |                                      | Fe                 |                          | <u>   Entity</u><br>         |  |
| Fee Description Each claim o | <u>n</u><br>over 20 (including R                 | eissues)                      |                         |                                      |                    | 50                       | 25                           |  |
|                              | ndent claim over 3 (                             |                               | )                       |                                      |                    |                          | 100                          |  |
| Multiple dep                 | endent claims                                    |                               |                         |                                      |                    |                          | 180                          |  |
| Total Claims                 | Extra Clair                                      | ns <u>Fee (\$)</u>            | <u>Fee Pald (\$</u>     | 1                                    |                    | itiple Depond<br>co (\$) | ient Claims<br>Fee Paid (\$) |  |
|                              | 0 or HP =<br>nber of total claims paid to        | or, if greater than 20.       |                         | -                                    | <u> </u>           | W-1-7-1                  |                              |  |
| <u>Indep. Claims</u>         | Extra Clair                                      | <u>Fee (\$)</u>               | Fee Pald (\$            | 1                                    |                    |                          | <del></del>                  |  |
|                              | or HP =  | s paid for if prester then    | 3.                      | •                                    |                    |                          |                              |  |
| 2 APPLICATIO                 | N SIZE FEE                                       | •                             |                         |                                      |                    | _                        |                              |  |
| If the specific              | ation and drawings                               | exceed 100 sheets of          | f paper (cx             | luding electron                      | ically file        | d sequence (             | or computer                  |  |
| listings un                  | der 37 CFR 1.52(e);<br>raction thereof. See      | ), the application size       | 76 tee due 18           | \$230 (\$123 10)<br>  TER   1   16/4 | L 2111911 CD       | ily) for each            | additional 20                |  |
| Sheets or 1 Total Sheet      | <u>s Extra She</u>                               | ets Number o                  | f oach <u>additi</u>    | onal <u>50 or fracti</u>             | on thereof         | <u>Fee (\$)</u>          | Fee Paid (\$)                |  |
|                              | - 100 =  | / 50 =                        | (round                  | up to a whole nu                     | nuper) x           |                          |                              |  |
| 4. OTHER FEE                 | S)   | 130 for the second            | ala, diasa.             |                                      |                    |                          | Fees Paid (\$)               |  |
| _                            | h Specification, \$1                             |                               |                         |                                      |                    |                          | 450.00                       |  |
| Othor (c.g.,                 | late filing surcharge                            | :):2 Mo. Petition for E       | xtension of T           | me                                   |                    |                          | 450.00                       |  |
| SUBMITTED BY                 |  | 2                             |                         | ala- Na                              |                    |                          |                              |  |
| Signature                    | Us T   |                               | Registra<br>(Attornoy   | tion No.<br>(Agent) 40,937           |                    | Telephone (8             | 58) 410-8927                 |  |
| Name (Print/Type)            | Charles B. Cappellari                            | ** · <del></del>              |                         |                                      |                    | Date Decemi              | ser 9, 2005                  |  |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complate, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any commonts on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTQ-9199 and select option 2.